

# CALIFORNIA MEDICAL ASSOCIATION

FREDERICK C. WARNSHUIS, M. D., Associate Editor for California

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is edited by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section (Adv. pages 2, 4 and 6).

## CALIFORNIA MEDICAL ASSOCIATION

CLARENCE G. TOLAND.....President  
ROBERT A. PEERS.....President-Elect  
FREDERICK C. WARNSHUIS.....  
Secretary-Treasurer and Associate Editor for California

### COMPONENT COUNTY MEDICAL SOCIETIES

#### CONTRA COSTA COUNTY

The first meeting of the fall session of the Contra Costa County Medical Society was held on Tuesday, September 11, at the Hotel Carquinez, Richmond.

The meeting was called to order by Dr. Melvin Stauffer of Pittsburg, president, at 8:20 p. m.

Dr. H. L. Carpenter of Richmond was chairman of the evening, and Doctor Stauffer called upon him to present his guest speaker of the evening. Dr. Stewart Irwin of Oakland discussed most comprehensively the newest and most approved methods of treating the pneumonias, and upon the urgent insistence of the members, also presented some of the newer developments in the treatment of arthritis. Both papers were followed by interested discussion by the various members.

Following the papers, Doctor Stauffer thanked Doctor Irwin, on behalf of the society, for the inspiring talks.

A letter was read by the secretary from Dr. Emma Pope, relative to the legal defense provided to members of the society who wished to avail themselves of the service offered by the California Medical Association.

Dr. U. S. Abbott reported very fully upon the convention of the California Medical Association, which was held in Riverside in April.

The meeting was adjourned by Doctor Stauffer at 10:10 p. m.

This was followed by the usual enjoyable hour of social contact, with a buffet supper.

CLARA H. SPALDING, *Secretary*.

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#### MONTEREY COUNTY

The regular meeting of the Monterey County Medical Society was held on September 7 at the Hotel La Revena in Carmel. Dinner was served at 7:30 p. m. The meeting was given in honor of the older men of our profession, especially of Dr. Dorus Brumwell, who is a charter member of the Monterey County Medical Society. Dr. John Gray was chairman of the evening and great credit is due him for the time and effort he put forth in arranging the meeting, which turned out to be one of the most enjoyable evenings which the society has had. Interesting talks on early Monterey medical history were given by Doctors Brumwell, Garth Parker, and J. A. Beck. As a guest we were glad to welcome Dr. Benjamin Bailey of Lincoln, Nebraska, who has practiced medicine for the past fifty-three years, and is the oldest practicing

physician in Lancaster County, Nebraska. Of special interest was the story told by Doctor Parker of the delivery by his father, Dr. John Parker, of quadruplets in a little shack on the coast below Monterey. To reach the place of confinement, Doctor Parker traveled over sand hills in a two-horse buggy from Castroville, changing horses in Monterey. Dr. Garth Parker stated that all the babies lived, and that he had the pleasure of confining one of them and of taking out tonsils and an appendix on some of the grandchildren.

The following members were present: Doctors J. A. Beck, L. M. Andrus, D. Brumwell, C. F. Bullard, H. F. Dormody, R. M. Fortier, C. Galligan, C. B. Gorham, J. R. Gray, H. S. Hoyt, E. F. Kehr, R. A. Kocher, W. H. Lawler, H. Lusignan, J. A. Merrill, Garth Parker, G. A. Starbird, J. P. Sandholdt, C. Wilson, M. Wolfson, and G. Eberhardt.

At our last meeting, held in Salinas at the Jeffery Hotel, Dr. H. Spencer Hoyt of Monterey reported on a series of cases of acute intestinal obstruction. These cases were operated on at an average of eleven hours after onset of symptoms. Doctor Hoyt pointed out that all observers agree that the time element is the all-important factor in this type of surgery, and the excellent results obtained were to be attributed to early operation rather than to any particular operative technique. Serial flat plates of the abdomen, taken at half-hour intervals, helped greatly in arriving at an early diagnosis. Doctor Hoyt also favored the use of spinal anesthesia as a valuable aid in the operation. Discussion was led by Doctors Parker, Gray, and Reeves.

WILLIAM H. LAWLER, *Secretary*.

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#### SAN JOAQUIN COUNTY

The regular monthly meeting of the San Joaquin County Medical Society was held in the Medical-Dental clubrooms in Stockton on September 6. The meeting was called to order at 8:26 p. m. by Dr. P. B. Gallegos.

The applications for membership in the San Joaquin County Medical Society of Doctors G. C. Richardson of Sonora and E. W. Thomas of Stockton were reported on favorably by the Membership Committee and they were duly declared elected to membership in the medical society on payment of their dues.

Dr. Dewey Powell reported that the Public Relations Committee and the Woman's Auxiliary of the San Joaquin County Medical Society had accumulated considerable data for broadcasting, but to date had been unable to locate a sponsor.

Doctor Gallegos reported on the joint meeting of the physicians and dentists during the summer months, at which time a Public Health League of California Chapter was established in Stockton. He urged that there be more interest taken by the members of the local medical society so that the membership in the Public Health League would be increased.

Dr. Barton Powell, Jr., stated that a lens and carrier had been removed from the society's lantern during the summer months. He moved that the Board of Directors be empowered to repair the old lantern and

buy a new one if they saw fit. This was seconded by Dr. Dewey Powell, and the motion carried.

The scientific paper of the evening was presented by Dr. Fred H. Kruse of San Francisco, who spoke on the *Management and Treatment of Peptic Ulcers*. Doctor Kruse discussed this condition very exhaustively and demonstrated by case history and x-ray films. The paper was discussed by Doctors G. H. Sanderson, Frank Doughty, and B. W. Knopf.

There being no further business to be brought before the society, the meeting was adjourned at 10:16 p. m. and refreshments were served.

G. H. ROHRBACHER, *Secretary*.

## CHANGES IN MEMBERSHIP

### New Members (33)

*Alameda County*.—Burton A. Adams, Harry Horwitz.

*Fresno County*.—Frank K. Pomeroy.

*Los Angeles County*.—John L. Aird, R. R. Barbanell, Clifford L. Bartlett, Clarence V. Clemmer, Tracy R. Comstock, Elizabeth G. Dozier, Edward T. Fogel, Albert E. McEvers, Erich Reinard, Gilbert J. Roberts, Heronde N. Sheranian, Louis I. Sokol, Buell H. Sprague, Elvin H. Stanton.

*Orange County*.—Donald Abbott.

*San Bernardino County*.—John H. Coughlin.

*San Diego County*.—John D. Macpherson, Wesley S. Smith.

*San Francisco County*.—Frank M. Close, Rachel Gorb, Sidney M. Gospe, Robert L. Groves, John O. Haman, Clarence C. Porter, John Mott Rector, Bernard Strauss, Carl Winternitz.

*San Joaquin County*.—Ralph G. Cressman, G. C. Richardson.

*Shasta County*.—Curtis M. Hanna.

### Resigned (4)

W. I. Claves, from San Francisco County.

Vaughn H. Mitchell, from San Francisco County.

Martin E. Simon, from San Francisco County.

Ernest A. Victors, from San Francisco County.

## In Memoriam

**Andersen, Louis Nels.** Died at Inglewood, September 6, 1934, age 69. Graduate of College of Physicians and Surgeons, Kansas City, Missouri, 1896. Licensed in California in 1919. Doctor Andersen was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

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**Clarke, Louise Harvey.** Died at Riverside, August 27, 1934, age 75. Graduate of the Woman's Medical College of Philadelphia, Pennsylvania, 1892. Licensed in California in 1893. Doctor Clarke was a member of the Riverside County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

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**Congdon, Willis Rollin.** Died at Santa Cruz, August 18, 1934. Graduate of Rush Medical College, Chicago, 1889. Licensed in California in 1896. Doctor Congdon was a member of the Santa Cruz County Medical Society, the California Medical Association, and the American Medical Association.

**Davis, William Seymour.** Died at Corona, August 31, 1934, age 73. Graduate of Miami Medical College, Cincinnati, 1885. Licensed in California in 1886. Doctor Davis was an honorary member of the Riverside County Medical Society, a former member of the California Medical Association, and the American Medical Association.

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**Fry, Philip Benjamin.** Died at Benicia, August 21, 1934, age 62. Graduate of the University of California Medical School, 1902. Licensed in California in 1903. Doctor Fry was a member of the Solano County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

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**Johansen, Ernest Augustus.** Died at San Francisco, September 8, 1934, age 68. Graduate of Jefferson Medical College, Philadelphia, 1892, and licensed in California the same year. Doctor Johansen was a member of the San Francisco County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

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**Kellogg, Llewellyn C.** Died at Loma Linda, September 1, 1934, age 59. Graduate of the College of Medical Evangelists, 1922, and licensed in California the same year. Doctor Kellogg was a member of the San Bernardino County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

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**Kuser, John Henry.** Died at San Rafael, August 27, 1934, age 70. Graduate of Ludwig Maximilians-Universität Medizinische Fakultät, München, Bavaria, 1885. Licensed in California in 1895. Doctor Kuser was a member of the Marin County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

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**Roe, Jesse Nathaniel.** Died at Riverside, August 4, 1934, age 62. Graduate of the University of Buffalo Medical School, 1908. Licensed in California in 1927. Doctor Roe was a member of the Riverside County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

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**Sexton, Charles Loyal.** Died at Los Angeles, August 23, 1934, age 66. Graduate of Cooper Medical College, San Francisco, 1895, and licensed in California the same year. Doctor Sexton was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

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**Seymour, James Harvey.** Died at Los Angeles, August 13, 1934, age 74. Graduate of the Columbia University College of Physicians and Surgeons, New York, 1883. Licensed in California in 1889. Doctor Seymour was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

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**Tilton, Albert Llewellyn.** Died at Los Angeles, August 31, 1934, age 64. Graduate of the University Medical College, Kansas City, 1899. Licensed in California in 1919. Doctor Tilton was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

## OBITUARIES

**James H. Seymour**  
1860-1934

On the thirteenth of August both Los Angeles and Southern California were called upon to mourn the loss of one of their most valued citizens. The medical profession, too, was saddened by the passing of Dr. James H. Seymour, whose personality and work have been revered for so many years.

Doctor Seymour was born in Gloversville, New York, in 1860. His medical education was obtained at Columbia University, in the College of Physicians and Surgeons, from which he was graduated in 1883, and since 1889 he has been an ardent and loyal worker for medicine in California. He was also an important factor in medical teaching, having been a member of the faculty of the College of Physicians and Surgeons of the University of Southern California.

Doctor Seymour's character was of rare sweetness, and through it he was of service to patients, fellow surgeons, and students. His judgment was of the best and he was always sought for his nice clinical balance. His hands were both skilful and kind. No young physician ever sought his aid without receiving more than he had requested. For years he devoted much of his time to the building of the hospitals where he worked.

Perhaps his greatest love was expressed in his long devotion to the indigent sick in the Los Angeles County General Hospital. It can truly be said that no finer service could be rendered to human beings than that which he gave the destitute who came under his care. As a councilor on the Board of Medical Advisers to the County Hospital and as chief of the attending surgical staff, he was always faithful to every task. In conference, he was ever mindful and considerate of the interests of the absent ones, represented in any discussion.

Fairness and generosity marked every decision. His life was so full of tenderness, gentleness and consideration for all with whom he worked that it truthfully could be said, he was universally beloved!

The medical fraternity extends its dearest and tenderest sympathy to the sorrowing family, as it joins them in this great bereavement.

J. V. B.



**L. L. Dorr**  
1840-1934

Dr. L. L. Dorr (for he always so signed his name rather than by his full name, Levi Lewis Dorr), for many years the oldest member of the San Francisco County Medical Society and who was made an honorary member February 8, 1927, has gone at the ripe age of ninety-four.

Born in Brockton, Massachusetts, April 6, 1840, he enlisted at the age of twenty-one in the Federal Army in the war between the states; was twice wounded, once at Antietam. It was in the Army Hospital in Washington that he met Dr. Henry Gibbons, Jr., who stimulated his interest in the study of medicine. Their friendship, thus started, became intimate and lasted until the latter's death in 1911. They married cousins.

Doctor Dorr was graduated in medicine by the Bellevue Hospital Medical College, New York, in 1866, and came almost immediately to California. He enlisted and served as surgeon in the United States Army, where he saw something of the trouble with the Indians in Arizona. He later made a trip to China as ship's surgeon on one of the Pacific Mail steamers.

He had service at the City and County Hospital, but resigned on his marriage in 1873 and entered private practice. His wife was Miss Janet Raymond.

Prior to 1876 anyone could practice medicine in California, but in that year the first Medical Practice Act became effective on April 3. Licenses to practice medicine were then granted to physicians possessing diplomas. Doctor Dorr's license is dated 1876. He served as Coroner in San Francisco from 1877 to 1881.

For many years he was Pacific Coast Medical Referee of the Equitable Life Insurance Company of New York.

In 1882 he was Professor of Materia Medica and Therapeutics in the Medical College of the Pacific, the predecessor of Cooper Medical College. He was a member of George H. Thomas Post No. 2, G. A. R.; member of the Olympic Club for many years, resigning in 1930; of the Pacific Union Club 1889 to 1923.

He is survived by his widow and four children: Dr. William Raymond Dorr, superintendent of the County Hospital at Riverside; Louis Dorr, and two daughters, Mrs. A. C. Lucca of San Francisco and Mrs. Claude E. Brigham, wife of General Brigham, Chief of Chemical Warfare, U. S. A., Washington, D. C.

In spite of the accumulation of years, Doctor Dorr seemed never to grow old. He delighted in association with younger men and retained his interest in their progress almost to the very end. Only in the last three or four years were the infirmities of great age noticeable. In his relations with his fellow man Doctor Dorr was always the courtly gentleman. He was a kindly spirit and he was much beloved by a host of friends.

EMMET RIXFORD.

## CANCER COMMISSION\*

### Malignant Tumors of the Thyroid Gland

Report Submitted by the Special Committee of the  
Cancer Commission of the California Medical  
Association

#### CLINICAL DIAGNOSIS

The clinical diagnosis of malignant tumors of the thyroid at a stage sufficiently early to offer a fair prospect of cure is, as yet, an unsolved problem. The listing of symptoms and signs by which malignant tumors of the thyroid can be distinguished from benign, therefore, becomes a matter of prognosis rather than of diagnosis—the more certain the preoperative diagnosis, the more hopeless the prognosis. One need only consider the list of findings suggestive of malignancy and remember that each is dependent upon extension of malignant tissue beyond the capsule of the thyroid gland: undue fixation of the tumor to the trachea or surrounding tissues, hoarseness arising from involvement of the recurrent nerve, dysphagia, local or radiating pain, and enlarged regional lymph nodes. It is true that there are other things suggestive of malignancy, such as rapid increase in size of the tumor or a hard consistency on palpation; but these are by no means diagnostic, for the first sign is found often in cases of benign hyperplasia or hemorrhage into adenomatous cysts, and the latter often is caused by calcareous degeneration of a benign tumor.

This difficulty of clinical diagnosis is explained, to some extent, on the basis of an equal difficulty found by the pathologist in determining definitely the presence of malignancy, even after an exhaustive study of the tissue removed at operation. In fact many pathologists will not agree upon a diagnosis of malignancy in thyroid tissue unless invasion of blood vessels by tumor cells can be demonstrated. It is evident how closely the prognosis is linked with this last criterion.

It follows that the problem of thyroid malignancy is one of prophylaxis and prevention rather than of diagnosis and treatment. We know, through careful follow-up studies, that almost all of the five-year cures are among the patients whose first diagnosis of malignancy

\* The Cancer Commission was brought into being by the House of Delegates of the California Medical Association to aid in the furtherance of all efforts to combat cancer. The roster of officers and the central office of the Commission to which communications may be sent is printed in this issue of CALIFORNIA AND WESTERN MEDICINE (see front cover directory). This column is conducted by the Secretaries of the Commission.

nancy was made either at the operating table or in the laboratory.

Finding, as we do, that there are no known early criteria of malignancy and that our problem, therefore, becomes one of prophylaxis, we must direct our efforts toward the recognition and elimination of the precancerous lesion if one can be found.

Any enlargement of the thyroid gland is a goiter, but all goiters are not precancerous lesions. A simple classification of goiters is into diffuse and nodular types. The diffuse types (adolescent goiter, simple hypertrophy of pregnancy, exophthalmic goiter), are almost never the precursors of malignancy. The nodular or adenomatous goiters, on the other hand, are the primary lesions in 85 to 90 per cent of malignancies, and from 1 to 5 per cent of all nodular goiters coming to surgery are found to be malignant.

It is the opinion of your committee that nodular goiter should be viewed with suspicion, and that patients having this type of goiter should not be told that it is entirely harmless and will never cause trouble. Operative removal of the goiter is to be recommended in all cases in which (1) recent growth has taken place in a previously stationary gland; (2) fixation of the goiter to the trachea or surrounding tissues has taken place; (3) the consistency of the goiter is hard, and calcium deposits are not demonstrable by x-ray; (4) there is a history of pain, dysphagia, respiratory difficulty or other pressure phenomena in a goiter previously symptomless.

Hyperthyroidism, since it is found in about half of the patients with malignant goiter, has no especial significance with regard to the presence or absence of malignancy. On the other hand, if hyperthyroidism always were considered as an indication of thyroidectomy, half of the patients with carcinoma would be included in those operated upon.

Although your committee does not feel it advisable to recommend the removal of all nodular goiters in persons over the age of twenty-five years, it is, nevertheless, worthy of note that this would be the only approach to the complete elimination of malignant disease of the thyroid gland. With regard to indications of malignancy, and for cancer prophylaxis in patients under twenty-five years of age, it should be pointed out that the most frequent precancerous lesion in this group is aberrant thyroid tissue. We, therefore, recommend the complete removal of all laterally or otherwise abnormally placed thyroid nodules.

#### TREATMENT

The type of treatment is based upon the stage of advancement at the time of recognition. Patients with thyroid malignancy are best segregated into three classes—those in whom the diagnosis is made before operation; those in whom the diagnosis is made at operation; and those in whom it is made by pathological examination. Those patients in Group 1, who are without demonstrable distant metastases, especially to the bones, should have as complete an electro-surgical removal of the tumor as is possible without damage to the trachea, laryngeal apparatus, or parathyroid bodies. This should be preceded and followed by deep roentgen or radium therapy. In the cases in which the technical difficulties of removal of the tumor seem too great, the procedure may be reversed, or x-ray therapy alone may be resorted to.

The patients in Group 2, in whom malignancy is recognized first at the operating table, usually have malignant adenoma with penetration of the capsule of the tumor. A total lobectomy is indicated in these cases, with the removal of as much surrounding tissue or portions of the other lobe as is necessary to eradicate the growth. In these, as in the cases in Group 1, electro-surgery probably should be used at once upon discovery of the malignancy. A course of intensive roentgen therapy should follow the operation, beginning before the patient is discharged from the hospital.

In Group 3 we find the early cases. In most instances, the growth is entirely within the capsule of the adenoma. In this group are found also the cases

of questionable malignancy in which, in many instances, the diagnosis will remain unproved unless recurrence takes place. In the large majority of these cases, the primary operation is curative and no further treatment is indicated. If, however, pathological examination shows that the tumor has penetrated the capsule of the adenoma, a second operation should be done immediately with removal of the entire lobe from which the malignant adenoma arose. Postoperative roentgen therapy is advisable.

In the presence of recurrence many patients may be carried through a number of years and, rarely, even an apparent cure be brought about by roentgen therapy. It is agreed that, if such therapy is not primarily effective or if the malignant tissue eventually loses its radiosensitivity, no benefit can be expected from further surgery.

#### SUMMARY

1. Cancer of the thyroid which can be diagnosed clinically is rarely curable.

2. In a high percentage of cases, cancer of the thyroid is believed to arise from a malignant degeneration of a previously benign nodular goiter.

3. The malignant potentialities of nodular goiter should be recognized by the medical profession. Patients over twenty-five years of age should not be advised to forget a nodular goiter, but should be observed frequently and asked to report for examination at the first sign of any change in the goiter.

4. Surgical removal should be advised for all patients with nodular goiter if they show (a) pressure symptoms, (b) progressive increase in the bulk of the goiter, (c) pain, (d) suggestive fixity, (e) hardness in consistency not caused by calcification, (f) demonstrable hyperthyroidism.

5. Inasmuch as the operative mortality is from eight to ten times greater in malignant than in benign goiter, early operation, before the onset of malignancy, is to be desired, and the surgical treatment of suspected malignant goiter should be in the hands of surgeons adequately trained in thyroid surgery.

6. Radiotherapy, when given should be thorough, adequate and complete, and should be given by a physician competently trained as a therapist.

Respectfully submitted, The Committee on Thyroid Tumors,

By H. H. SEARLS, *Chairman*

FRANK H. BOWLES, *Secretary*

A. B. COOKE

C. T. STURGEON

WALLACE I. TERRY

## THE WOMAN'S AUXILIARY TO THE CALIFORNIA MEDICAL ASSOCIATION\*

MRS. PHILIP SCHUYLER DOANE .....President  
MRS. ELMER BELT.....Editor and Chairman of Publicity

NOTE: The space allotted by the California Medical Association Council to Auxiliary news is one page. At the request of the Auxiliary President, the three and one-half page report on the national convention of the Auxiliary was printed in the September issue (pages 205-208) with the understanding that the October issue would not print any Auxiliary news items.

\* As county auxiliaries to the Woman's Auxiliary to the California Medical Association are formed, the names of their officers should be forwarded to Mrs. A. Elmer Belt, chairman of the Publicity and Publications Committee, 2200 Live Oak Drive, Los Angeles. Brief reports of county auxiliary meetings will be welcomed by Mrs. Belt and must be sent to her before publication takes place in this column. For lists of state and county officers, see advertising page 6. The Council of the California Medical Association has instructed the editor to allocate one page in every issue for Woman's Auxiliary notes.

## NEVADA STATE MEDICAL ASSOCIATION

HORACE J. BROWN, M.D., Associate Editor for Nevada

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HORACE J. BROWN, Reno.....Secretary-Treasurer

### COMPONENT COUNTY MEDICAL SOCIETIES

#### WASHOE COUNTY

The Washoe County Medical Society met on Tuesday evening, September 11, in the State Building. In the absence of Doctor Paradis, president, Doctor Smith presided.

A communication from Doctor Jablons of New York City was read. This communication was in reference to the treatment of the Jewish physicians in Germany under the present Nazi Government. The communication was accompanied by a copy of the resolutions adopted by the New York State Medical Society praying for relief of the harsh treatment being accorded the Jewish physicians of Germany. The communication, together with the resolutions, were ordered referred to the Nevada State Medical Society, to be considered by that body at its annual meeting September 21 and 22.

Next was the presentation of bills by Doctor Brown for newspaper insertions with reference to conditions which arose at the last primary election. Bills were allowed and ordered paid.

The name of Dr. Louis E. Lombardi was presented for membership in the society. It being ascertained that he had complied with all the requirements for admission into the society, upon motion he was unanimously elected.

The Committee on Ways and Means, whose duty it should be to take up matters of legal interest pertaining to the medical profession, then came up for consideration. The chair appointed Doctors J. L. Robinson, George L. Servoss, W. E. Shaw, Horace J. Brown, and Donald Maclean.

There were no clinical cases presented for discussion. The essayists for the evening were then presented. Dr. Francis E. Morley of Gardnerville then presented the paper of the evening on *Antepartum Care*. The following are excerpts from his paper.

"The general practitioner delivers the vast majority of the two million babies born in the United States each year. The mortality from this vast number of the mothers has been placed at from twelve to fifteen thousand per year. Ninety-five per cent of the mothers need neither hospitals nor care of specialists for their accouchement. So the general practitioner will continue to shoulder the responsibility for the care of these women which he is perfectly willing to assume and allow the obstetrician, and other research workers in the meantime to work out such suggestions for preventing this high mortality as their experience will develop.

"The New York Obstetric Society resented the statement as made in November, 1933, by the New York Academy of Medicine in which the Academy of Medicine sought to place the responsibility for fully 60 per cent of this mortality at the door of the general practitioner. The New York Academy of Medicine still went further and stated that the midwife should be encouraged. This unfavorable comment could have none other than a reactionary trend tending to emulate the midwife and to make a scapegoat of the family physician. This report was eagerly seized by the lay press and given the widest publicity, much to the detriment of the hard-working and conscientious family physician. But, fortunately, Doctor Fishbein came forward with the statement that obstetrical care

in the United States for the majority of women is as good, if not better, than in the majority of civilized countries.

"Out of the great number of parturient women in the United States, five per cent or less need specialized care. There has been no unusual discovery in obstetrics for the past thirty-five years. Marching along in the vast army of expectant motherhood there are thousands of women who should not be mothers by reason of certain mental and physical defects, while among the remaining number many meet up with abnormal conditions that are peculiar to this period.

"The stress and strain of pregnancy may manifest themselves according to the duration and intensity of this peculiar period manifesting through the renal, hepatic, vascular, cerebral, or glandular systems. When a perfectly healthy woman becomes pregnant, her chances of suffering from gastro-intestinal disturbances is better than 50 per cent. The parturient woman undergoing her pregnancy is physiologically entirely different from what her condition is during the non-pregnant period. The usual nausea and vomiting in pregnancy manifested in 50 per cent of all pregnant women induces physiochemical changes in the body which in turn induces a direct change in her metabolism. Science has not yet determined the cause of these profound physiological changes, and until such is done, the best that our science can do is to intelligently foresee by such means at our command and make every possible effort to forestall an impending crisis.

"Every obstetrician should consider his parturient patient as requiring at least nine periodic health examinations, and more if the circumstance of the case justifies it. Upon the basis of his obstetric judgment derived from these examinations the family physician can best determine what steps to take in the interest of the patient should an emergency arise. The family doctor is the most logical man to render wise antepartum care. He knows the normal physiological limits of his patient and is thoroughly acquainted with the home-life conditions of the patient, and can arrive at a better sense of judgment with reference to her individual reserve than can anyone else. This, after all, will best determine the future well-being of the patient."

THOMAS W. BATH, *Secretary*.

**Trichomonas Vaginalis Vaginitis.**—In treating *Trichomonas vaginalis vaginitis*, Holter thoroughly cleanses the vulva, vaginal wall, cervix, and anal region with tincture of green soap and warm water. The vagina is cleansed with warm tap water, wiped as dry as possible and dried by holding a low-pressure air current at the mouth of the speculum for a few minutes. The vagina and cervix are then sprayed with a 1:1,000 solution of hexylresorcinol by connecting a spray to the low-pressure air current. A tampon soaked in a solution of boroglycerid is then inserted high into the vagina. The vulva and thighs are then wiped dry and painted with a 50 per cent solution of glycerin. The tampon is removed the next day and the patient takes a douche with one tablespoonful of tincture of green soap in two quarts of water. Douches should be taken morning and night on the two days, following the treatment. The vulva and thighs are painted with the 50 per cent solution of glycerin after each douche. These treatments should be continued until the trichomonads are absent on at least three successive hanging drop examinations. When the treatments are discontinued, the patient takes lactic acid douches daily. During pregnancy, the local treatments can be continued as outlined, until about six weeks before term. After that time it is advisable to use 4 per cent mercurochrome instillations with a sterile catheter every other day. In resistant cases the vaginal walls and cervix may be painted with tincture of iodine instead of the solution of hexylresorcinol.—*Kansas Medical Society Journal*.